## United States District Court

for the

District of South Carolina  Rock Hill Division		
Nutramax Laboratories, Inc., and Nutramax Laboratories Consumer Care, Inc.	) ) )	
Plaintiff(s) V. Vitamin Boat Corp. d/b/a ManRelated.com	Original Civil Action No.	0:17-2081-MBS
and Paul Buchanan	) )	

## SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Vitamin Boat Corp. d/b/a ManRelated.com and Vitamin Boat Corp. d/b/a ManRelated c/o United States Corporation Agents, Inc. 1420 Southlake Plaza Drive Morrow, GA 30260

1307 Bramlett Forest Court Lawrenceville, Georgia 30045.

A lawsuit has been filed against you.

Defendant(s)

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

> Christopher A. Jaros K&L Gates, LLP 134 Meeting Street, Suite 500 Charleston, SC 29401

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

August 08, 2017 Date:

CLERK OF COURT

s/Mary Deal

Signature of Clerk or Deputy Clerk

Civil Action No.

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (name	e of individual and title, if any	)			
was re	ceived by me on (date)					
	☐ I personally served	the summons on the indiv	vidual at (place)			
			on (date)	; or		
	☐ I left the summons a	at the individual's residen	ace or usual place of abode with (name)			
		, a person of suitable age and discretion who resides there,				
	on (date), and mailed a copy to the individual's last known address; or					
	☐ I served the summo	ns on (name of individual)		, who is		
	designated by law to accept service of process on behalf of (name of organization)					
			on (date)	; or		
	☐ I returned the summ	nons unexecuted because		; or		
	☐ Other (specify):					
	My fees are \$	for travel and \$	for services, for a total of \$	0.00		
	I declare under penalty	of perjury that this inform	mation is true.			
Date:						
Dute.			Server's signature			
			Printed name and title			
			Server's address			

Additional information regarding attempted service, etc: